



INSTRUCTIONS FOR COMPLETING THE SCIENTIFIC COLLECTING PERMIT (SCP) AMENDMENT FORM

BEFORE COMPLETING THE AMENDMENT FORM

Please read all instructions before completing the amendment form. It is also important that you read the current SCP Application and Laws and Regulations (FG1379d) regarding scientific collecting, so that you have a thorough understanding of the requirements. The SCP Application is available at www.dfg.ca.gov/licensing/forms/. The SCP laws and regulations are available at www.dfg.ca.gov/licensing/specialpermits/. Additional State and federal permits may be required and your application may be deemed incomplete and returned if copies of these permits are not submitted with the Scientific Collecting Permit Amendment Form.

A SCP does **not** authorize animal relocation for non-scientific purposes. A SCP does not authorize relocation of animals as part of California Environmental Quality Act (CEQA) mitigation or movement of animals "out-of-harm's way". Relocation authorization for CEQA mitigation must be obtained by contacting the local Department of Fish and Game (DFG) regional office prior to handling or relocating wildlife. The list of DFG regional offices is available at www.dfg.ca.gov/regions.

Plants that are listed under the California Endangered Species Act may require a permit for take for research purposes; however, the SCP is not the appropriate permit for this activity. Additional information on plant permits is available at www.dfg.ca.gov/habcon/plant/ or by contacting the DFG, Habitat Conservation Branch at (916) 653-4875. A SCP is not needed to collect freshwater aquatic plants.

COMPLETING THE AMENDMENT FORM

INCOMPLETE AMENDMENT FORMS MAY BE RETURNED AND MAY DELAY THE ISSUANCE OF YOUR SCP AMENDMENT. YOU MUST NOT BEGIN ANY NEW COLLECTION ACTIVITY OR ADD OR REMOVE TEMPORARY EMPLOYEES OR VOLUNTEERS UNTIL YOU HAVE RECEIVED A VALIDATED SCP AMENDMENT FROM THE DFG.

IMPORTANT! Please allow a **minimum of 26 weeks** for processing any amendment to an existing SCP. You should allow an **additional 26 weeks** to process requests to take State Fully Protected Species. Please allow 15 business days for processing when only adding or removing temporary employees or volunteers from an existing SCP issued to a qualified entity. The Amendment Form will become part of your SCP when validated and returned to you. SCP amendments are not transferable.

CHECK LIST FOR AMENDING YOUR EXISTING SCP

Please remember to...

- Complete **all** pages of the Scientific Collecting Permit Amendment Form (FG1379e). Only complete Section 1 (individual) **or** Section 2 (qualified entity). **Do not complete both.**
- Sign and date **Page Two** of the form.
- Complete **Page Three** by providing a detailed justification (i.e., purpose(s), methods(s), species and numbers, locations(s), and disposition of all species). Please be specific.
- Provide a complete copy of current federal and State permit(s) and any other written State authorizations such as a current MOU if applicable.
- Submit a cashier's check, money order, or personal or business check*, or completed credit card authorization form** for the amendment fee only if current SCP is issued to you as a qualified entity.

Mail **ALL FOUR PAGES** of your completed Scientific Collecting Permit Amendment Form, complete copies of current federal and State permit(s) **if required**, and fee if applicable (required if current SCP was issued to qualified entity) to the DFG, License and Revenue Branch, 1740 N. Market Blvd., Sacramento, CA 95834. Contact the License and Revenue Branch's Special Permits Unit by telephone at (916) 928-5849 or e-mail at spu@dfg.ca.gov if you need additional information.

PAYMENT POLICY

The DFG accepts cashier's checks, money orders, personal or business checks or credit cards. If a receipt for payment is needed before the amendment is issued, please notify the DFG when the amendment form is submitted.

***Personal or business checks** will be accepted by the DFG if a name and address are imprinted on the check. Checks returned to the DFG due to insufficient funds will render your permit invalid. The DFG may also deny the issuance or renewal of any permit if a person has failed to reimburse the DFG for the amount due. Any activity performed without a valid permit is a violation of the Fish and Game Code and therefore subject to enforcement action.

****Credit Cards**—Licenses, permits, tags, stamps, or registrations may be purchased with a Visa or MasterCard by completing a Credit Card Authorization Form (FG1443). The form is available at www.dfg.ca.gov/licensing/forms/.

COMPLETE JUSTIFICATION SECTION AS RELATED TO SPECIES/ACTIVITY REQUESTED

If this section is left blank, your amendment form will be returned. Describe details of all of your requested activities in the justification place provided (i.e., purpose(s), method(s), species and numbers, location(s), disposition of all species and justification for collecting in a Marine Protected Area, if applicable). Please be specific. Attach additional pages if necessary. A DFG biologist will determine whether or not additional documentation or written authorization is required.

Animals designated as Threatened, Endangered, Fully Protected, and Special Concern species are Standard Exceptions to routine take with the SCP. These animals are included on the Special Animals list available at www.dfg.ca.gov/biogeodata/cnddb/pdfs/spanimals.pdf. You must specify in your justification statement what activities you intend to conduct for each Standard Exception species.

STATE AND FEDERAL LAWS AND REGULATIONS

California Fish and Game Code Section 45 includes invertebrates in the definition of “fish”. Therefore, a SCP is required to collect native/non-native mollusks and native/non-native terrestrial/aquatic invertebrates for scientific or educational purposes.

If you wish to take any federally Threatened or Endangered species, **you must include a complete copy of your current federal permit(s) with this Scientific Collecting Permit Amendment Form.** If you wish to take any State Threatened, Endangered, Fully Protected or Special Concern species, **you must include a complete copy of your current State-issued permit(s) with your Scientific Collecting Permit Amendment Form.**

If you wish to take (broadcast survey for, nest monitor, capture, release, sacrifice, salvage, mark/tag or band) any birds protected by the Migratory Bird Treaty Act, **you must include a complete copy of your current federal permit(s) authorizing this activity with your Scientific Collecting Permit Amendment Form.**

REPORTING REQUIREMENTS

You must carry the Report of Specimens Captured or Salvaged (FG 1379a) with your Scientific Collecting Permit and any amendments while collecting. The report must be filled out immediately upon completion of each collecting trip. The disposition portion of the report may be filled out when final disposition of the animals is known. Section 650(i), Title 14, of the California Code of Regulations requires that permittees submit a report within 30 days after the expiration of the permit or upon submitting an application to renew a SCP if the application is submitted prior to the expiration of a SCP. The report and instructions for completing it are available at www.dfg.ca.gov/licensing/forms/ in a fill and save format. Upon completion of this electronic report, print a copy and attach it to your Scientific Collecting Permit Application or you may send an electronic copy to the License and Revenue Branch at spu@dfg.ca.gov. **Each individual to whom a SCP is issued must provide his or her own Report of Specimens Captured or Salvaged. If you are not renewing your permit, you are still required to submit a final report within 30 days after of the expiration of your SCP.**

If you did not collect any specimens or collected the same individuals as another permittee, you still need to submit a report. Enter a single line indicating that no specimens were collected or indicate the permittee’s name and SCP number for the specimens already reported. **DO NOT DUPLICATE DATA.**

The DFG also requires that you record your field observations of Threatened, Endangered, or Special Concern species for addition to the California Natural Diversity Data Base. **The California Native Species Field Survey Form, instructions, and other accepted formats including digital, are available at www.dfg.ca.gov/biogeodata/cnddb/submitting_data_to_cnddb.asp.**



SCIENTIFIC COLLECTING PERMIT AMENDMENT FORM

***FEE - \$64.63** (*Includes 3% license buyer surcharge and is required if your permit is an "Entity Permit" as described under Section 2 of your SCP.)

You are required to complete and submit an Amendment Form when requesting a change to an existing Scientific Collecting Permit or when your affiliation changes.

DFG USE ONLY

THIS AMENDMENT IS VALID: FROM ____/____/____ THROUGH ____/____/____	PERMANENT ID NUMBER SC-
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BEFORE COMPLETING AMENDMENT: Read instructions on this form and the permit descriptions, mandatory conditions, and number authorizations on the current Scientific Collecting Permit (SCP) Application www.dfg.ca.gov/licensing/forms/. **Complete all appropriate portions of the amendment form.** If the DFG returns this amendment, it becomes part of and must be attached to your valid, existing SCP and carried with you while collecting. Type or print clearly.

SECTION 1 - INDIVIDUAL PERMITTEE INFORMATION - Complete only if original SCP was issued to an individual.

FIRST NAME	M.I.	LAST NAME	SC-	
AFFILIATION		<input type="checkbox"/> Check here if you want future correspondence mailed to your affiliation.	TITLE	DATE OF BIRTH
PERMITTEE'S MAILING ADDRESS			DAY TELEPHONE () EXT.	FAX NUMBER ()
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	
AFFILIATION'S MAILING ADDRESS		CITY	STATE	ZIP CODE

SECTION 2 - ENTITY PERMITTEE INFORMATION - Complete and submit fee* only if original SCP was issued to a qualified entity.

Complete only if you are a California certified small business or aquarium accredited by the Association of Zoos and Aquariums (AZA) **AND** you are requesting changes to your SCP and/or need to add or remove individuals from the list of temporary employees or volunteers conducting activities on your SCP.

PERMITTEES'S BUSINESS NAME	SC-		
PERMITTEE'S MAILING ADDRESS	DAY TELEPHONE () EXT.	FAX NUMBER ()	
CITY	STATE	ZIP CODE	

PRINCIPAL SCIENTIFIC INVESTIGATOR INFORMATION - Provide information for the full-time permanent employee responsible for providing adequate supervision and training of the temporary employees and volunteers listed below or on current SCP.

FIRST NAME	M.I.	LAST NAME	TITLE
GO ID NUMBER (FROM ALDS ISSUED LICENSE)	DAY TELEPHONE () EXT.	E-MAILADDRESS	

List **ALL** temporary employees or volunteers that you are adding or removing from current SCP under the Principal Investigator named above. Attach a separate list if needed. An amendment form must be submitted, approved, and returned to you by the Department before you can add or remove temporary employees or volunteers from the current SCP.

FIRST NAME	LAST NAME	DRIVER'S LICENSE OR DMV ID NUMBER	STATE	MARK ONE	
				ADD	REMOVE

FOR DEPARTMENT OF FISH AND GAME USE ONLY

AUTHORIZATIONS AND CONDITIONS ARE ON PAGE FOUR

REVIEWED BY/DATE	TRANSACTION #	LRB ROUTED TO/DATE
		1. 2. 3.



SCIENTIFIC COLLECTING PERMIT AMENDMENT FORM (Continued)

FIRST NAME	M.I.	LAST NAME OR BUSINESS NAME (If qualified entity)	PERMANENT ID NUMBER SC-
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SECTION 3 - PERMIT INFORMATION

USE OF PERMIT: CHECK ALL APPLICABLE BOXES

<input type="checkbox"/> BIOLOGICAL CONSULTING (generally, catch and release only)	<input type="checkbox"/> RESEARCH	<input type="checkbox"/> MUSEUM COLLECTION	<input type="checkbox"/> BIOLOGICAL COLLECTION SERVICES
<input type="checkbox"/> STATE, FEDERAL OR OTHER AGENCY BIOLOGIST	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> OTHER	

WILDLIFE AND ACTIVITY: Reminder - You must provide justification in Section 5 for each wildlife and activity circled here.

Circle the type of wildlife to be taken AND circle the type of activity requested: S=sacrifice; R=capture and release; C=take into captivity; SL=salvage; M=mark.

MAMMALS	S	R	C	SL	M	FRESHWATER FISHES	S	R	C	M	
BIRDS * Other activity	S	R	C	SL	M	FRESHWATER INVERTEBRATES	S	R	C	M	
REPTILES	S	R	C	SL	M	ANADROMOUS FISHES	S	R	C	M	
AMPHIBIANS	S	R	C	SL	M	MARINE FISHES	S	R	C	SL	M
VERNAL POOL/TERRESTRIAL INVERTEBRATES	S	R	C	SL	M	MARINE AQUATIC PLANTS	S		C	SL	
						MARINE/TIDAL INVERTEBRATES	S	R	C	SL	M

*See Mandatory Condition "L"

CHECK ONE: Other SCP permittees are involved in activity or project. YES ☐ NO ☐ (If yes, list the permittees below. Attach separate list if needed.)

FIRST NAME	LAST NAME	SCIN NUMBER
		SC-
		SC-
		SC-

SECTION 4 - SPONSOR INFORMATION

Students, teachers and individuals collecting on behalf of an organization that they are not affiliated with must all have two members of the organization sponsor them. Sponsors must fully complete this section of the application. Students must have two faculty members with affiliation to the student's college or university sponsor the student. Elementary and secondary school teachers must be sponsored by their principal. In some other cases, the DFG may review an application and determine that a sponsor is needed and will request this information directly from the applicant or organization.

SPONSOR'S FIRST NAME	M.I.	LAST NAME	DAY TELEPHONE	EXT.
			()	
TITLE	ORGANIZATION	E-MAILADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SPONSOR'S CERTIFICATION/SIGNATURE: I verify the take described in this application is required by this organization.

DATE

X

SPONSOR'S FIRST NAME	M.I.	LAST NAME	DAY TELEPHONE	EXT.
			()	
TITLE	ORGANIZATION	E-MAILADDRESS		
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SPONSOR'S CERTIFICATION/SIGNATURE: I verify the take described in this application is required by this organization.

DATE

X

APPLICANT CERTIFICATION

By checking all boxes, I hereby declare that the following information is provided in this amendment and in the justification section.

<input type="checkbox"/> Purpose	<input type="checkbox"/> Species + Numbers to be collected	<input type="checkbox"/> Collection Locations	<input type="checkbox"/> Species Disposition
<input type="checkbox"/> Methods/Activity (Standard Exceptions)	<input type="checkbox"/> Attached Federal/State Permit(s) (Applicable/Not Applicable - Circle appropriate one)		

I understand that if I fail to provide all information, circle items or check the boxes, my amendment may be denied. I certify that I have read, understand, and agree to abide by, all conditions of this amendment and attachments, the applicable provisions of the FGC, and the regulations promulgated thereto. I certify that I am not currently under any Fish and Game license or permit revocation or suspension, and that there are no other legal or administrative proceedings pending that would disqualify me from obtaining this amendment. I agree that if I make any false statement as to any fact required as a prerequisite to the issuance of this amendment, the amendment is void and will be surrendered where purchased, and I understand that I may be subject to prosecution pursuant to FGC Section 1054 or to other administrative actions pursuant to Section 746, Title 14, of the CCR.

APPLICANT SIGNATURE	DATE
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X



SCIENTIFIC COLLECTING PERMIT AMENDMENT FORM (Continued)

FIRST NAME	M.I.	LAST NAME OR BUSINESS NAME (If qualified entity)	PERMANENT ID NUMBER SC-
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SECTION 5 - PERMIT JUSTIFICATION - Required for ALL activities.

<input type="checkbox"/> CHECK HERE IF PROPOSING TO TAKE STANDARD EXCEPTION SPECIES	IS A FEDERAL OR ADDITIONAL STATE PERMIT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, attach copies.)
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PROVIDE START AND END DATE AND/OR EXPLAIN SEASONAL REQUIREMENTS FOR YOUR WORK.	START	END
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REMINDER - You must provide justification here for each wildlife and activity circled in Section 3. Use the space below to summarize your proposed research. Be sure to include each of the following headers in **bold/underlined** and as follows: **purpose** (include scientific or educational need for the requested activity); **methods/techniques** (include equipment/gear) and the reason for using them; **species and numbers to be collected**, if known (include scientific and common names); **collection locations** (include counties and specific locales and reasons for choosing them); and **disposition**, which describes the organism's fate (i.e. sacrifice, catch and release, salvage). If you propose to collect in a Marine Protected Area (MPA), give the proper name of the MPA and explain (1) Why collection is required within an MPA and provide justification for why it can not be conducted outside of an MPA; (2) Why the proposed methods are appropriate for this activity; and (3) Describe the frequency of the proposed activity per collecting area. If you are working in areas where special status species (listed, fully protected, or species of special concern) are expected to be incidentally captured, explain why collection is required in these areas, and describe how your methods/techniques and equipment/gear will avoid or minimize take of non-target sensitive species. If requesting standard exceptions, marking/tagging, captivity, or sacrifice, specific details as described above must be included for each species and activity requested. Also list all standard exceptions and/or non-standard methods (see Mandatory Conditions/Numbered Authorizations) in tabular format, along with the information requested above. Note: If you are working in areas where special status species are expected to be incidentally captured, you shall include such anticipated species in your list of standard exceptions. You may be asked to send in a *detailed* study proposal for standard exception species during the review process. Attach additional pages if needed. **Attach complete copies of appropriate federal permits and additional State permits (e.g., Memorandum of Understanding) to avoid delay of processing.**



California Natural Resources Agency
DEPARTMENT OF FISH AND GAME
SCIENTIFIC COLLECTING PERMIT AMENDMENT FORM (Continued)

FIRST NAME	M.I.	LAST NAME OR BUSINESS NAME (If qualified entity)	PERMANENT ID NUMBER SC-
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FOR DEPARTMENT OF FISH AND GAME USE ONLY	
<input type="checkbox"/> _____ PAGES OF ATTACHMENTS NOTED IN THIS PERMIT SHALL REMAIN WITH THIS PERMIT AT ALL TIMES.	ISSUED BY/DATE
CONDITIONS, AUTHORIZATIONS, AND APPROVALS ARE AS FOLLOWS:	

DFG REVIEWER(S) SIGNATURE		
1.	2.	3.